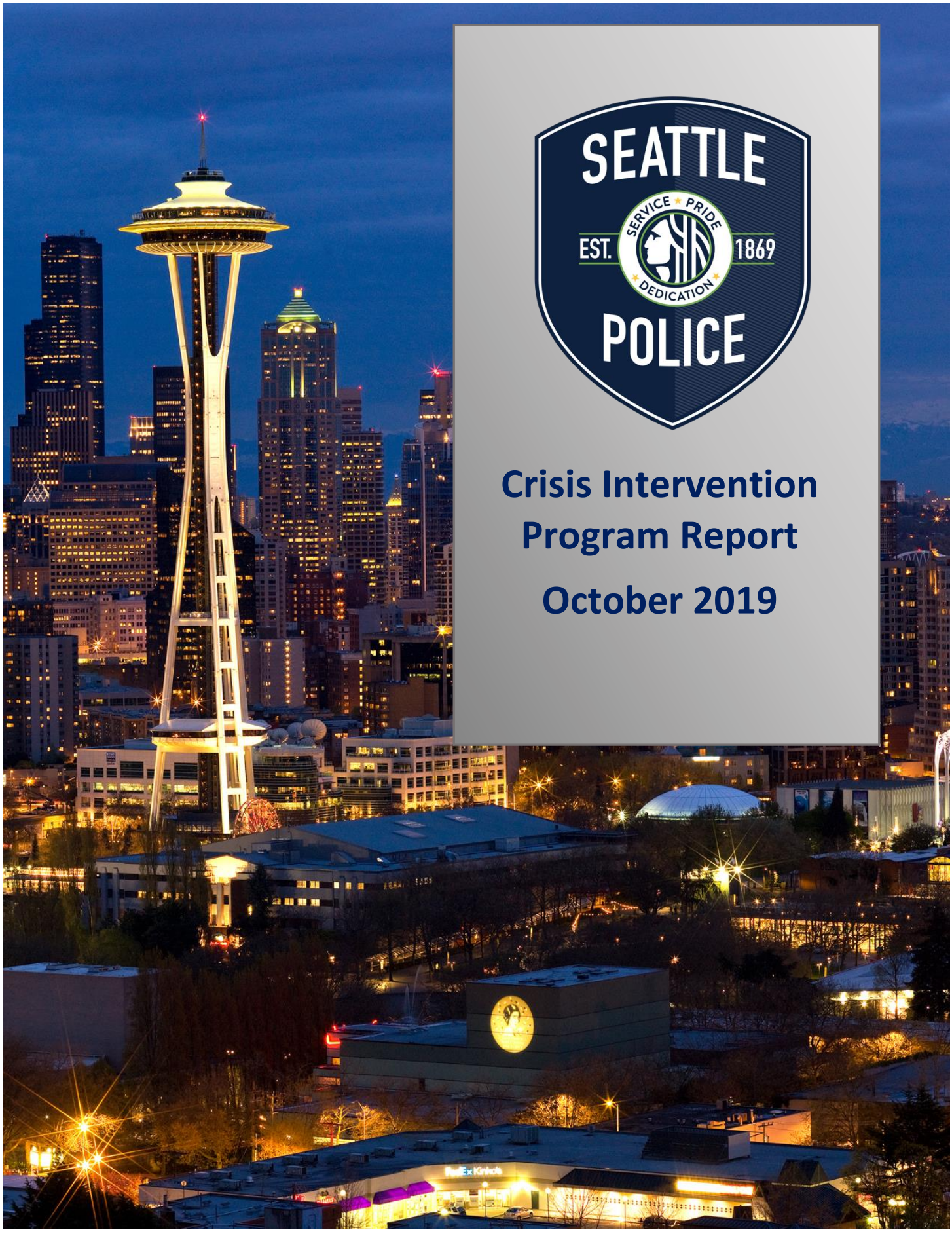


Crisis Intervention Program Report

October 2019

Introduction

Since 2014, in collaboration with the Department of Justice and community partners, the Seattle Police Department has become widely recognized as a model for delivering meaningful and compassionate police services to individuals in behavioral health crises, helping to drive best practices around the nation.[1]

In keeping with its commitment to transparency, accountability, and data-driven practice, over the past three years SPD has published annual reports detailing its work around crisis intervention, both in response to increasing numbers of crisis calls for service and proactively by SPD's Crisis Response Unit, which seeks to keep individuals in frequent or chronic crisis connected with appropriate service providers. This reports builds on prior years' reports and presents updated data around crisis incidents, deployment and distribution of officers with advanced Crisis Intervention Training, Use of Force in crisis incidents, and disposition of crisis incidents.

In addition, this report fulfills a key requirement under the court-ordered plan (Sustainment Plan) that sets forth the schedule by which SPD, now in full and effective compliance with all of its commitments under the Consent Decree, is to demonstrate during this next phase that it is sustaining performance across all topical areas of the Consent Decree. With respect to Crisis Intervention, the Sustainment Plan requires three separate reports over 2018-2019: an annual Outcome Report of crisis contacts, to be filed in October of both 2018 and 2019, and a comprehensive evaluation of use of force in crisis incidents, to be filed in December 2018. This report meets the 2019 deadline of the former.

With respect to data concerning crisis calls, officer deployment, and disposition, the time period studied for this report extends from January 1, 2018 to June 30, 2019. For discussions concerning training, this report covers a study period of January 1, 2018 to December 31, 2018, to account for the annual training cycle.

Data used in this report is sourced to the extent possible from the Data Analytics Platform, a comprehensive enterprise-wide platform that consolidates data from multiple unique source systems and allows for ad hoc reporting and analysis. In support of the ongoing mission of the Crisis Response Unit to manage its more than 11,000 annual contacts with

[1] See, e.g., Critical Issues in Policing: Guiding Principles on Use of Force (Police Executive Research Forum, 2016) (highlighting the Seattle Police Department's crisis intervention training).

persons in crisis, the Department has customized in DAP a suite of specialized data sets specific to this Unit:

- The Crisis Events data set allows the user to view information regarding crisis events by officer, squad, unit, precinct/section, and bureau of the officer, as well as the location of the event. Information as to whether the responding officer is CIT certified is also available.

- The CAD (Computer Aided Dispatch)[2] Events to Crisis Events data set combines the functionality of both the CAD Events data set and the Crisis Events data set to allow the user to view all CAD Events with an associated Crisis Template Figure 1).

- The Crisis Events to Use of Force data set combines the functionality of both the Crisis Events data set and the Use of Force data set to allow the user to view all Crisis Events with an associated Use of Force incident.

- The Crisis Response Team data set combines selected functionality of Crisis Event and CAD information along with General Offense and Street Check information to allow the user to review information regarding events that are routed, notified, or assigned to the Crisis Response Team for follow up investigation.

In addition, the Department provides a public-facing, online dashboard that allows the public to explore for itself this subset of SPD responses. This dashboard provides aggregated information of the over 40,000 crisis calls to which SPD officers responded over the last three and a half years.

The Consent Decree contains eight paragraphs setting forth SPD's obligations with respect to Crisis Intervention; all are addressed in this report.

[2] A "CAD event" is a unique incident, given a unique identifying number, logged in response to a call from the public ("Call for Service") or a report from an officer in the field, "on-view," of an incident or event requiring their response. CAD Events are classified as "DISPATCH" when in response to a Call for Service and "ONVIEW" when reported by an officer in the field.

I. Training

SPD will continue its work in providing training in verbal tactics with the goal of reducing the use of force against individuals in behavioral or mental health crisis, or who are under the influence of drugs or alcohol, and to direct or refer such individuals to the appropriate services where possible. … SPD will continue to provide Crisis Intervention training as needed to ensure that CI trained officers are available on all shifts to respond to incidents or calls involving individuals known or suspected to have a mental illness, substance abuse, or a behavioral crisis ("individuals in crisis").

Consent Decree, ¶ 130.

SPD officers who do not receive the [40 hour CIT Certification Training) will receive basic training on crisis intervention. This training should include a subset of topics and training methods included in the CI training, and will also explain the circumstances in which a CI trained officer should be dispatched or consulted, and how situations involving impaired subjects should be addressed when a CI trained officer cannot respond.

Consent Decree, ¶ 134.

In 2017, the Education and Training Section (ETS) and the Crisis Response Unit (CRU) began delivering 'e-module' CIT training to be able to deliver classroom-based training more efficiently, in both time and cost. E-module training can be viewed from any networked SPD computer and allows officers to revisit the curriculum as they wish to access resources provided. In addition, consistent with the ICAT (Integrating Communications, Assessment, and Tactics) model for learning, SPD is increasingly delivering CIT/de-escalation training in different formats and decentralized under different "core" blocks of training, reinforcing skills learned across different situations.

Table 1 shows a breakdown of training blocks during 2018 that included a CIT component, the number of eligible[3] employees who completed the training. One employee was referred to the Office of Police Accountability for failure to complete training.

[3] "Eligible" employees exclude employees who are on extended leave or otherwise unavailable for training, per Human Resources determination. Where no HR reason is apparent, the issue is referred to OPA, which conducts the investigation into whether there is a breach of policy.

Table 1: Training Delivery and Attendance

Course	Required Attendees	Completed Course	Unexcused Absences[4]
Extreme Risk Protection Order (.5 hours)	All Sworn	1364	1
Resilience (6 hours)	All Sworn	1314	1
Autism and Law Enforcement (2 hours)	All Sworn	1314	0
Active Threat Response and De-Escalation Tactics (2 hours)	Officer/Detectives and Sergeants	1150	10

To be considered "CI trained," SPD officers will be required to undergo a 40-hour initial comprehensive CI training, and eight hours of in-service CI training annually thereafter. SPD's CI training will continue to address field evaluation, suicide intervention, community mental health resources, crisis de-escalation, and scenario exercises. The training may include on-site visitation to mental health facilities and interaction with individuals with a mental illness. Additionally, the CI training will provide clear guidance as to when an officer may detain an individual solely because of his/her crisis.

Consent Decree, ¶ 133.

SPD continues to send officers to the 40-hour CIT Certification course, administered by the Washington State Criminal Justice Training Commission (WSCJTC). Although seats are limited (to accommodate all agencies in King County), in 2018, 83 SPD officers attended this program.

Officers who attend the 40-hour class are still required to complete the current SPD training cycle CIT training.

[4] Unexcused absences from mandatory training do not automatically lead to a referral to OPA. Of the unexcused absences identified here, only one, for the Active Threat Response and De-Escalation Tactics Training, was referred to OPA. All other unexcused absences were handled as a Frontline Supervisor Investigation.

SPD will ensure that all dispatchers are appropriately trained to identify calls for service involving individuals in crisis and dispatch CI trained officers to the crisis event.

Consent Decree, ¶ 135.

The Communications Section continues to deliver a three-hour Crisis Intervention Identification Course to all new personnel hired into the Section, and roll-call training throughout the year. In 2018 topics of roll-call training included:

- Autism and Law Enforcement
- Designated Crisis Responders and Mental Health Professionals

II. Overview and Distribution of Crisis Incidents, City-Wide

Between January 1, 2018 and June 30, 2019, officers reported **16,574** contacts with people believed to be in behavioral crisis. See Table 2.

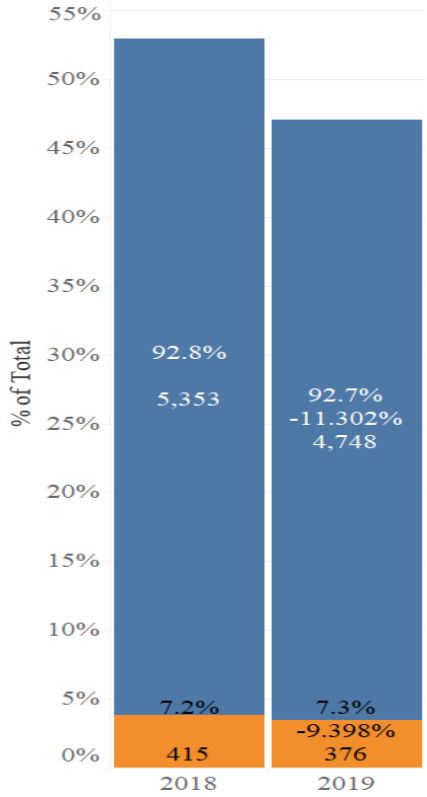
Table 2: Total Crisis Template Entered, 2018 and Jan 1 – June 30, 2019.

Reported Date/Time		
2018	2019	Grand Total
11,450	5,124	16,574

When comparing the first six months of 2018 to the first six months of 2019, SPD has seen a decrease in crisis contacts of 11% (n=-648). See Figure 1. Between January 1, 2018 and June 30, 2019, 92.3% (15,312) of all reported crisis contacts originated from a call for service to which an officer was dispatched; officers self-initiated ("on-viewed") the contact in 7.6% (1,262)[5] of crisis reports. These numbers are consistent with the numbers reported in the 2018 Crisis Intervention Program Report.

[5] Call time is used, derived from the "Original Time Queued" (OTQ) of the underlying call, in place of Reported Date / Time. Reported Date / Time is often reflective of when the officer wrote the crisis template and is believed to be temporally distinct from the time when the contact occurred. OTQ is logged by the 911 Communications Center, at the time the call is queued in the CAD system and is believed to be a reliable date / time stamp, suitable for temporal analysis.

Figure 1: Crisis Contacts by On-View vs. Dispatch Jan-June 2018 and 2019



The decrease in the number of crisis incidents is positive, and potentially reflects the expansion of supportive services for this vulnerable population, including the greater number of officers with CIT training.

Crisis contact reports remain fairly evenly distributed across the days of the week, between 13% and 15%. *See* Figure 2.

Figure 2: Distribution of Crisis Contacts By Day of Week

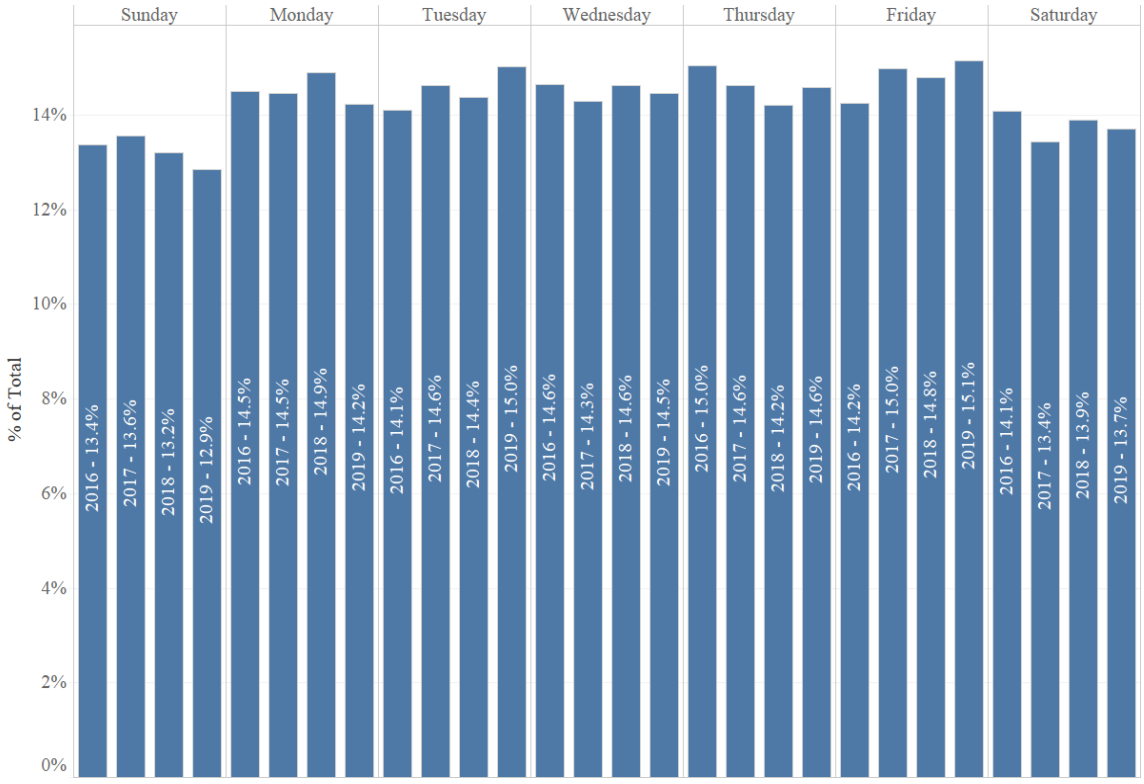
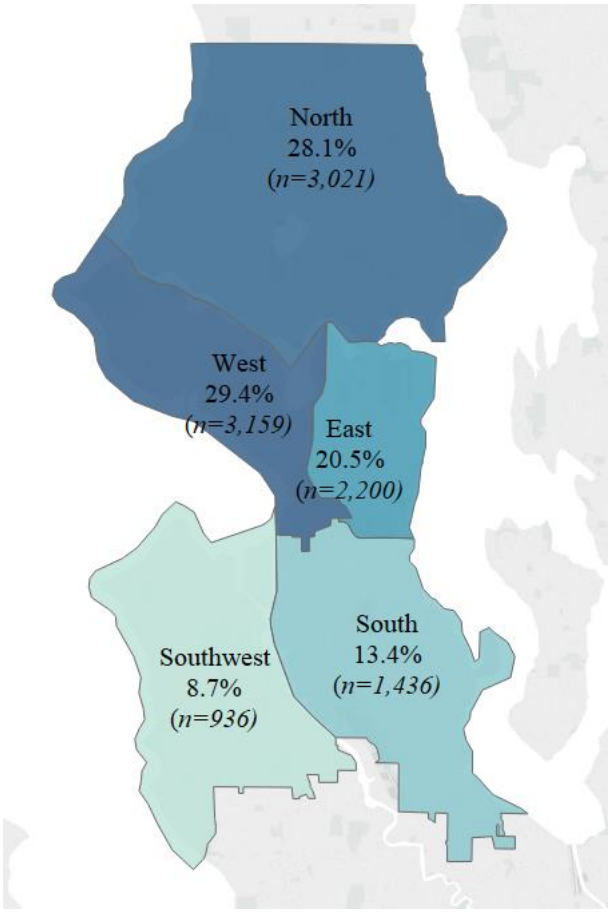


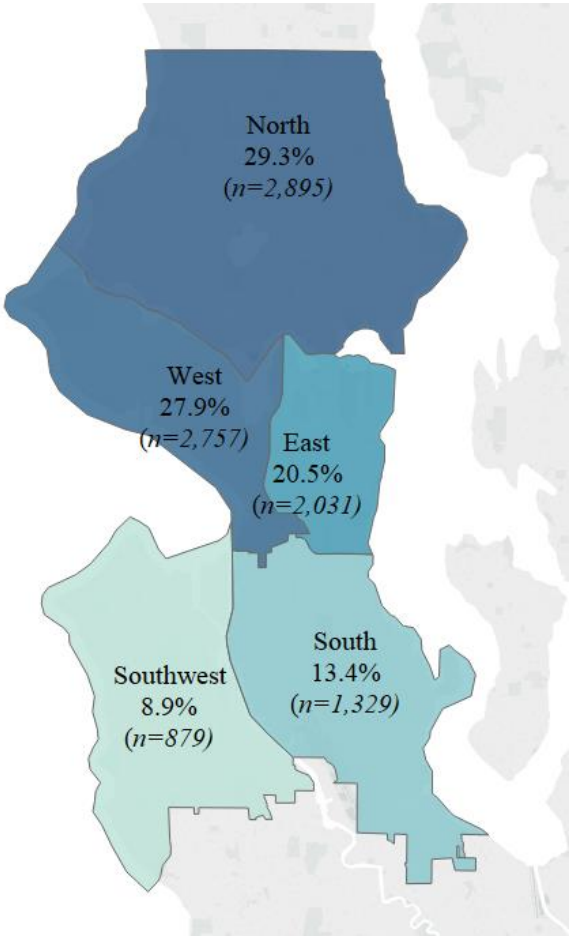
Figure 3: Distribution of Total 2018 Crisis Contacts by Precinct



Virtually all crisis contacts can be mapped to a location in the City of Seattle. As shown in Figure 3, in 2018 the largest concentration of crisis contacts occurred in the West Precinct (29.4%) just slightly more than occurred in the North Precinct where the largest concentration of crisis contacts occurred in 2017. Fewer than 9% of all crisis contacts were reported in the Southwest Precinct, which is consistent with the Southwest Precinct's crisis contacts in 2017.

While the distribution of overall crisis contacts remains fairly stable, in 2018, the North Precinct (2,895) officers were *dispatched* to more crisis events than the West Precinct (2,757). This is consistent with the 2017 distribution and indicates that West Precinct officers on-view a significant number of crisis events. *See* Figure 4.

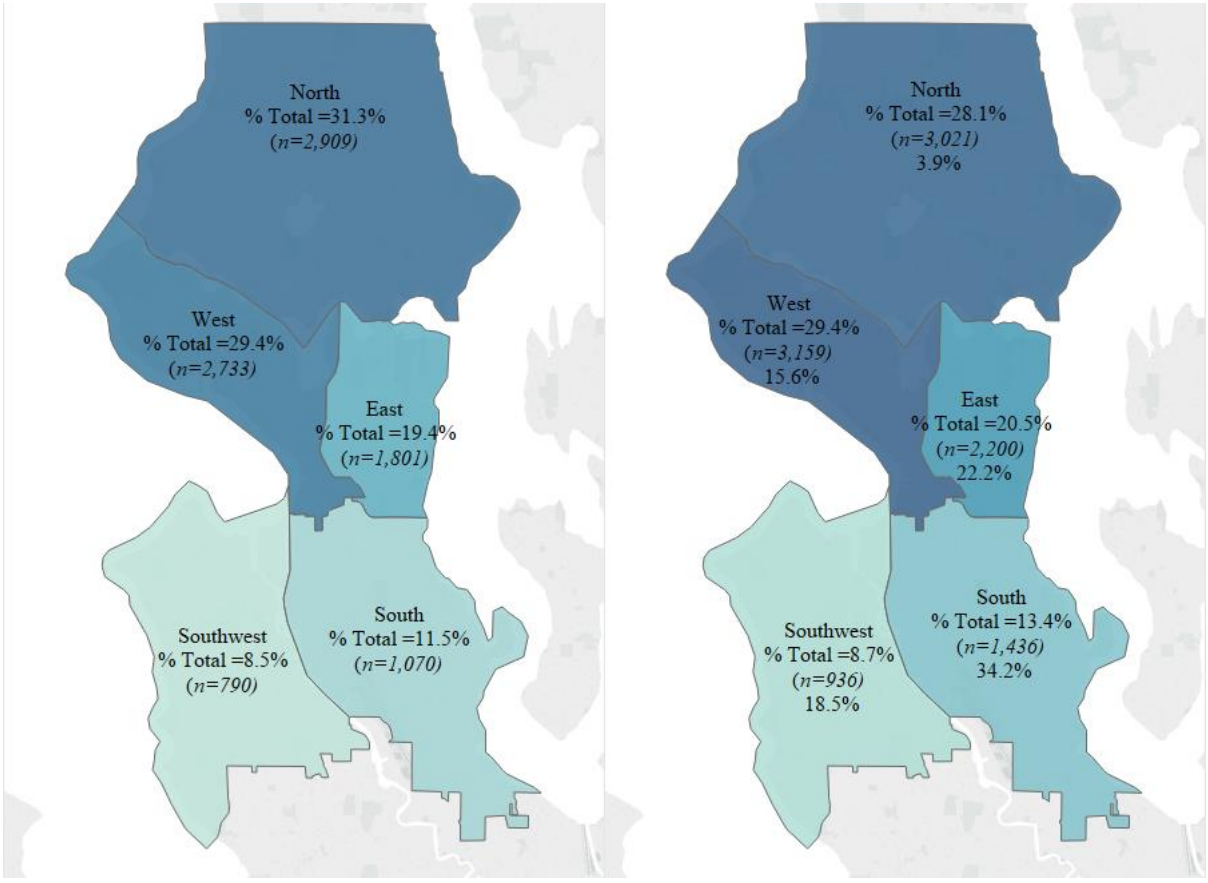
Figure 4: Dispatched Crisis Contacts by Precinct, 2018



Comparing complete years, 2017 over 2018, dispatched crisis events increased in every precinct. South Precinct saw the largest increase in dispatched crisis events (+34.2%). The East Precinct reported a 22.2% increase in requests for response that resulted in officers documenting an interaction with a person believed to be experiencing behavioral crisis. Southwest Precinct reported the third highest increase (+18.5%), followed by West (15.6%). Though the North Precinct had the largest share of dispatched crisis calls overall, it had the smallest amount of increase in calls from 2017 to 2018 (3.9%)).[6] *See* Figure 5.

[6] When reporting on population data (not a sample), any observed difference is believed to be a real and true difference. Statistical significance testing is not required or appropriate. The meaning of the difference may be interpreted within the context of a properly formulated research question, however. *See* Carver, R. (1978). The case against statistical significance testing. *Harvard Educational Review*, *48*(3), 378-399; Johnson, D. H. (1999).

Figure 5: Percentage Change in Dispatched Crisis Calls by Precinct, 2017-2018

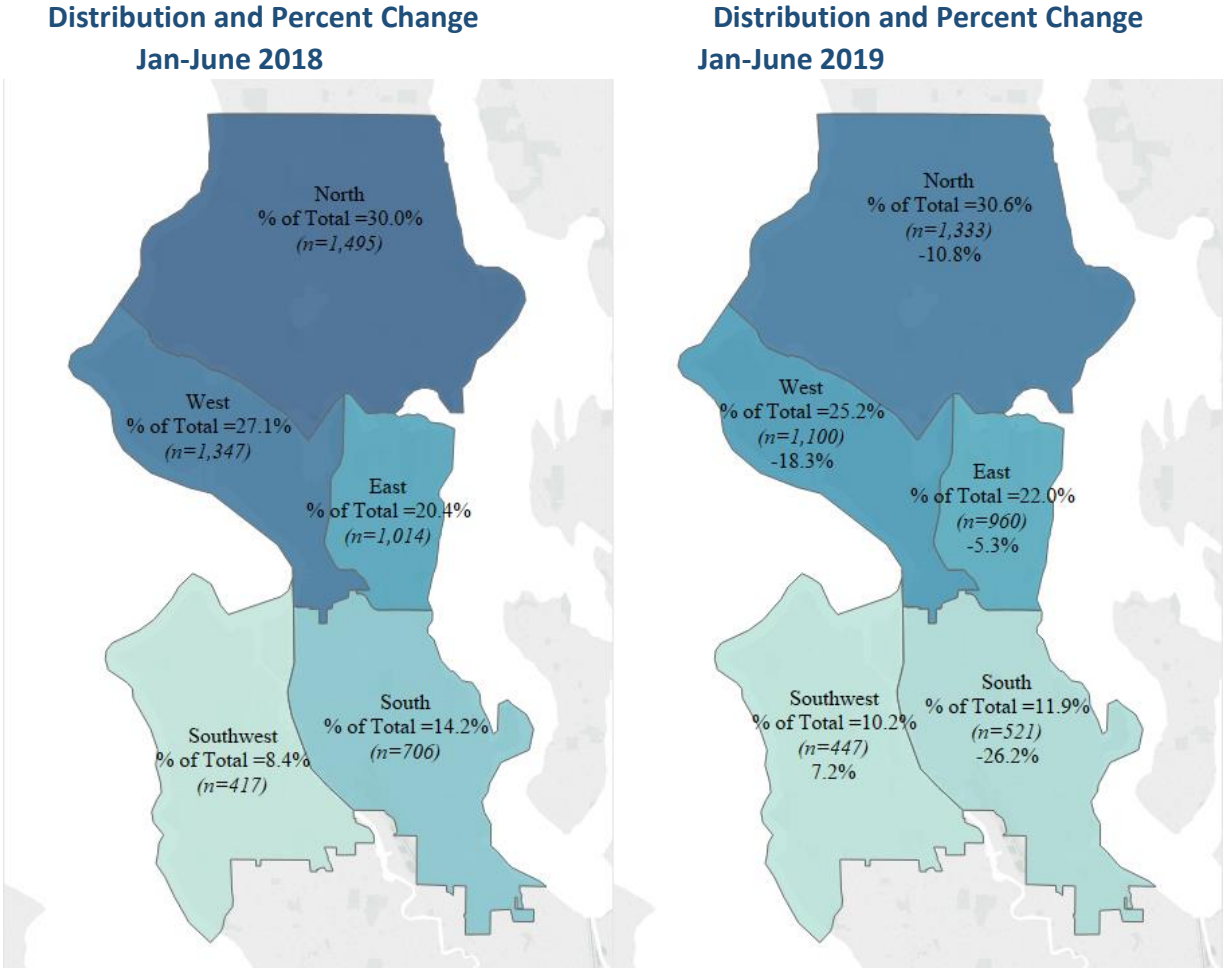


Total Distribution 2017

Total Distribution 2018 (with Percentage Difference)

Figure 6 presents a comparison of total percentage of dispatched crisis calls, the count of dispatched calls, and percentage of change by precinct between January and June 2018 (left) relative to the same time period in 2019 (right).

Figure 6: Percentage Change in Dispatched Crisis Calls by Precinct (Jan-June 2017-2019)



While the relative distribution of crisis events remained relatively unchanged, all precincts except Southwest reported decreases in dispatched calls to crisis events over the first six months of 2019. The most notable change was observed in the South Precinct, which reported a 26.2% decrease in dispatched crisis contacts in the first half of 2019.

Are Behavioral Crisis Contacts Increasing?

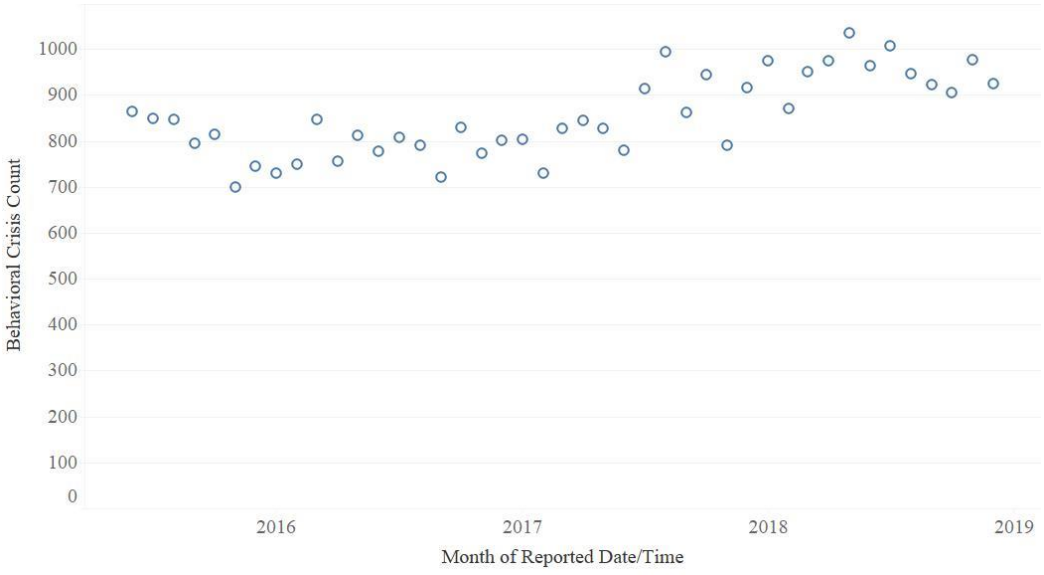
In 2018, SPD officers reported 11,450 crisis contacts, an 11.9% increase over the 2017 (see Table 3). A simple year-over-year comparison reveals the number of crisis contacts have grown for the last three years (noting that 2017 saw 9.0% more crisis contacts than 2016, as see in Table 3.). As this is based on all the data available for the time period, not a sample, this observed difference is said to be real and true.[7]

Table 3

2017		2018	
Crisis Count	% Change	Crisis Count	% Change
10,234	9.0%	11,450	11.9%

When the number of reports are viewed month-by-month in a scatterplot (see Figure 7), a visual pattern emerges. It appears that crisis reporting, while somewhat variable, has form.

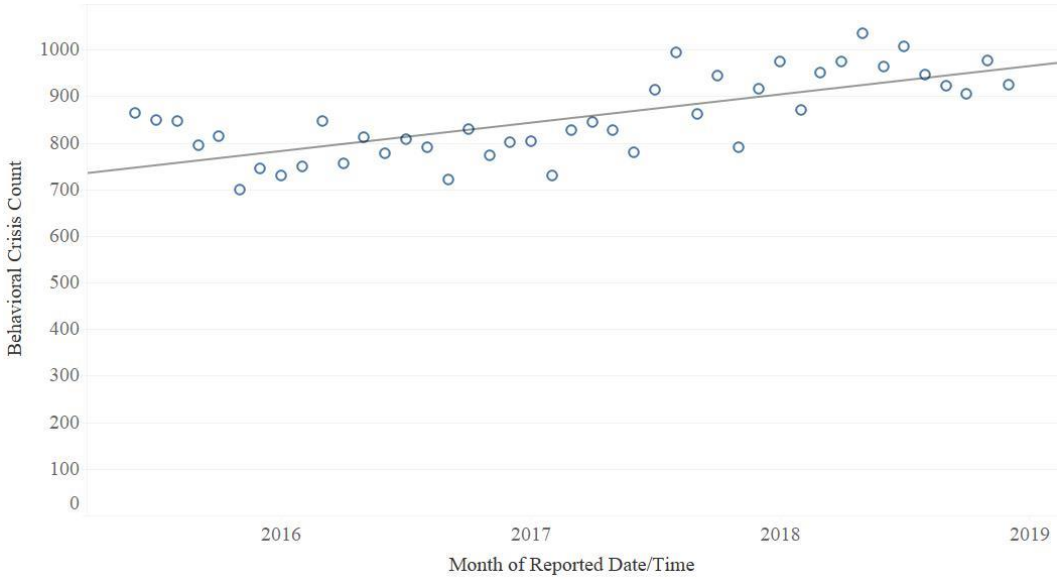
Figure 7



[7] Statistical significance testing is not always appropriate, particularly when working with population data. The debate over the efficacy and propriety of statistical significance testing is well represented in the literature. Many peer-reviewed scientific publications can be found, online, including at Google Scholar.

A regression[8] helped refined this observation. Beginning with a simple regression, sometimes referred to as a linear trendline regression, the pattern is supported empirically. (see Figure 8)

Figure 8

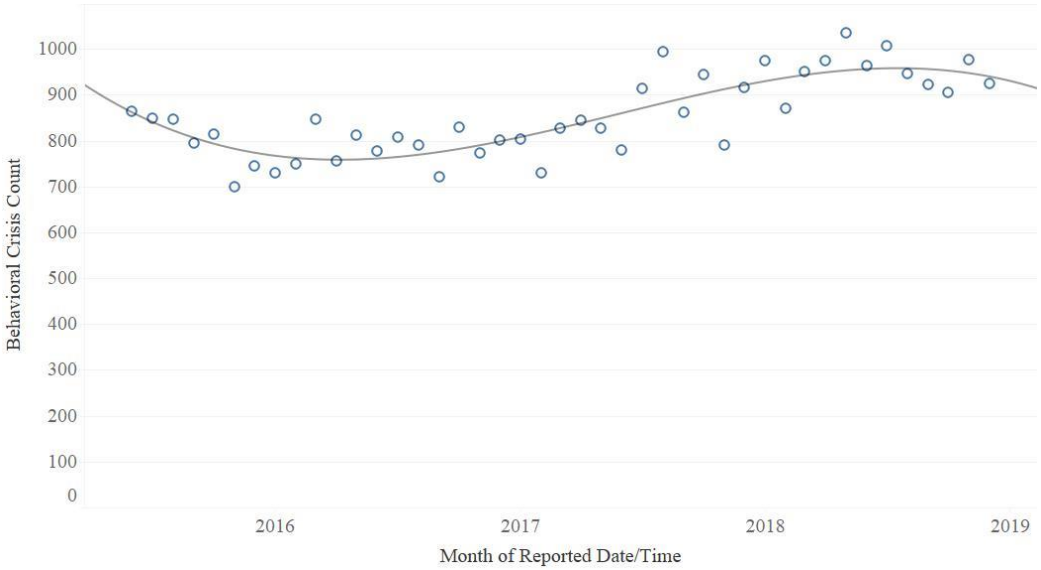


When taken together, three and a half years of crisis contact reports demonstrate a continuous, linear increase. While a straight line can be drawn between the points, it is important to understand how closely related those points are or how well the model fits. This simple linear regression model exceeds the minimum threshold for acceptance,[9] and more than 50% of the effect can be explained by a single dimension, the date. This means, as time increases, SPD can expect the count of crisis contacts to increase. The line does not appear to fit well at all points along the time series. An introduction of some additional dimensions in the model would provide a better fit. (see Figure 9)

[8] A simple regression may be defined as a *"linear model* in which one variable or outcome is predicted from a single predictor variable…" A multiple regression as "an extension of *simple regression* in which an outcome is predicted by a linear combination of two or more predictor variables… (see *Discovering Statistics Using IBM SPSS Statistics* 4th Edition by Any Field, 2015)

[9] The commonly accepted threshold for statistical significance is <.05.

Figure 9

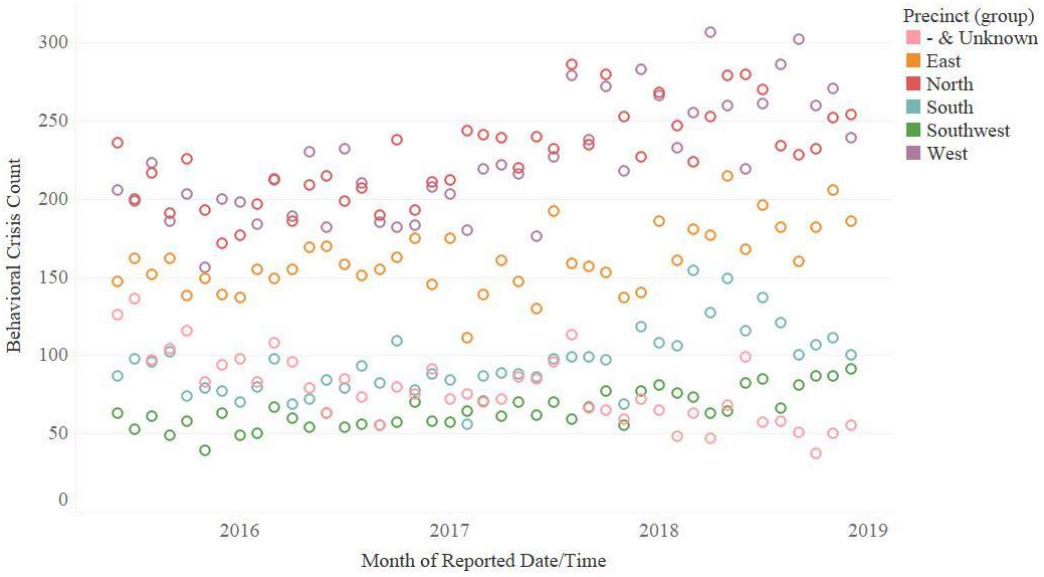


The best fit can be found with a curvilinear model, suggesting a more wavelike form. A continuous trend, as seen in the linear trend, would theoretically continue to increase forever. More realistic, however, is that, like other phenomena in the criminal justice system, crisis contacts will ebb and flow as environmental and political changes occur.

Other observations suggest some geographic variability is to be expected. We further refined our observations by adding one additional dimension to the model, using the Seattle Police Department's precincts. The Seattle Police Department has five precincts, which divide the city into five geographic areas (North, West, East, South, Southwest). Each precinct is a self-contained area of operation, commanded by a captain and staffed with lieutenants, sergeants and police officers. Some detectives and detective sergeants are assigned here as well. The precincts are primarily responsible for responding to calls for service within the geographic area.

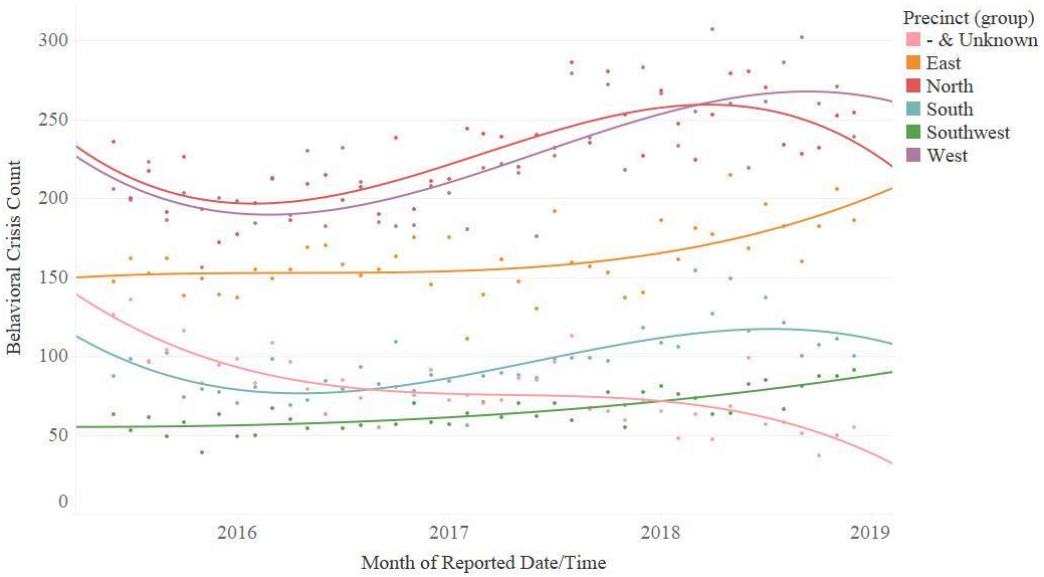
Figure 10, below, is a scatterplot of behavior crisis calls for each precinct from January 1, 2016 to June 30, 2019. While some patterns may be visible in a two-dimensional scatterplot, with the addition of the precinct as new dimension on the scatterplot, the pattern is obscured.

Figure 10



However, when utilizing the curvilinear model, all six (including the "unknown" and missing) precincts demonstrate significant and well-fit trends. These observations demonstrate that, while crisis contact reporting is increasing citywide, the increases cannot be explained when looking at the month or the precinct. Visually, it appears the North, West and South precinct areas follow a similar pattern to citywide pattern. (see Figure 11)

Figure 11



In at least two areas of the city, East and Southwest Precincts, this trend appears to be continuing and may continue into 2019. In the North, West and South Precincts, this trend appears to have broken and either leveled or begun to subside.

We can say that crisis contacts increased in 2018 from 2017. It is difficult to ascertain this constitutes a pattern and is a concern. Whether this trend is concerning depends on an understanding of the underlying issues. Police officers responding to community members in behavioral crisis are generally responding to a call for service. As SPD's training related to crisis response has improved, SPD officers may have an enhanced ability to identify persons in crisis and may be reporting their crisis contacts more accurately.

III. Staffing and Deployment of CIT Officers

A. Staffing

Staffing of CIT certified[10] personnel in the Operations Bureau[11] increased by 11.93% between January 2017 and June 2019. This significant, large effect trend[12] is shown in Figure 12. On average, 63% of personnel assigned to and responsible for 911 response were CIT certified, during the study period.[13]

[10] CIT Certification is a voluntary certification maintained under the "Memphis Model." Officers must receive a 40-hour training and elect to be part of the certification group.

[11] Because the Operations Bureau (which includes Patrol (911 response units), the Anti-Crime Team, and the Crisis Response Unit) is the response bureau to dispatched crisis calls, this analysis focuses exclusively on this Bureau.

[12] $r^2 = .58$, $p < .0001$

[13] SD = 4.6%, Skewness = -.07, Kurtosis = .89

Figure 12: CIT Certified Staffing Over Time – Operations Bureau

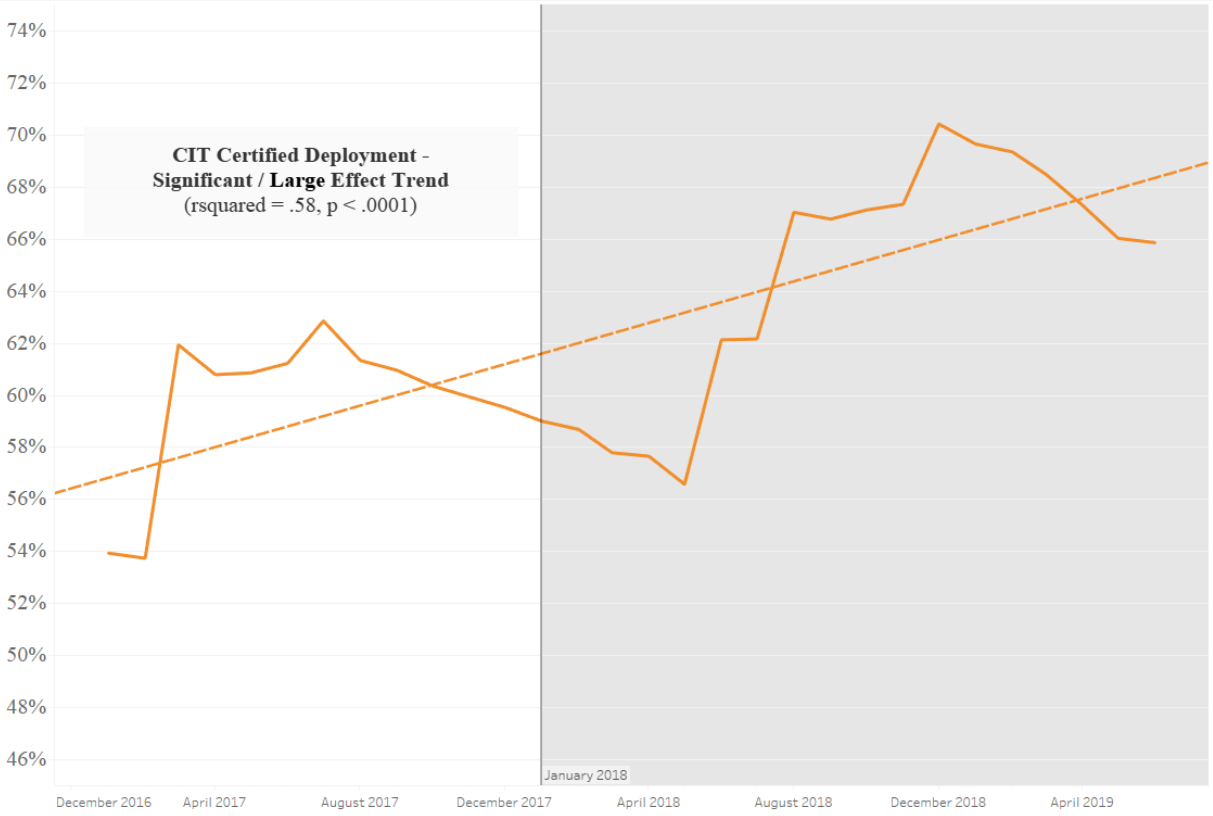


Figure 13 shows the average daily deployment of CIT certified officers between January 1, 2016 and June 30, 2019. On average, 62% of deployed resources were CIT certified.[14][15] First Watch 911 response units reported the highest average daily deployment of CIT certified officers, a normal[16] 68.3%. Third Watch 911 response units were observed to deploy the smallest proportion of CIT certified personnel, with a daily average rate of 57.4% of the watch.[17]

[14] SD = 8.9%, Skewness = -.34, Kurtosis = -.0

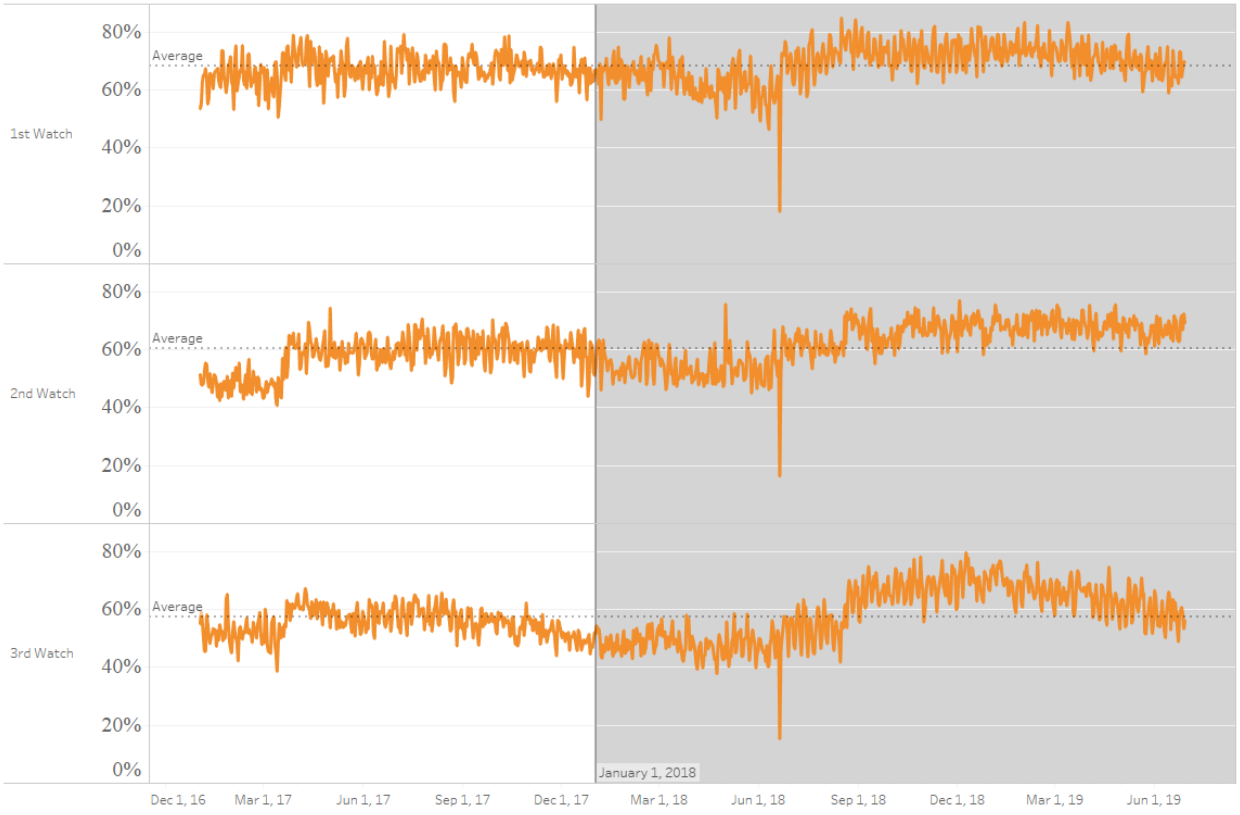
[15] A data quality issue has been identified occurring June 20th, 2018 and has been logged with the Data Governance Process as DGAL #398

[16] SD = 6.4, Skewness = -.7, Kurtosis = 3.8

[17] SD = 8.5, Skewness = .1, Kurtosis = -.1

These numbers exceed those saturation levels for CI certified staffing generally accepted in law enforcement practice and in the academic literature (which vary between 10% of a department overall[18] to 25% of patrol.[19])

Figure 13: Average Daily Deployment – 911 Response Units



During the study period, the South Precinct reported the highest number of deployed CI certified personnel (72.7%), followed by the Southwest Precinct (70.3%). The East Precinct deployed the fewest CIT certified personnel, 60.9%. Across rank of dispatched personnel, cumulatively, Police Sergeants were found with the highest rate of certification (80%), followed by Police Officers (73.6%), Acting Police Sergeants (57.1%), and Police Lieutenants (42.9%). These data are presented in Tables 3 and 4, respectively.

[18] Morabito, M.S., M. Watson, J. Draine. (2013). "Police Officer Acceptance of New Innovation: The Case of Crisis Intervention Teams", *Policing: An International Journal of Police Strategies and Management*, 36:2; 421-436.

[19] Watson, A.C., M.S. Morabito, J. Draine, and V. Ottati. (2008). "Improving Police Response to Persons with Mental Illness: A Multi-Level Conceptualization of CIT." *International Journal of Law and Psychiatry*. 31(4): 359-368.

Table 3: CIT Staffing By Precinct

	CIT Certified
SOUTH PCT	72.7%
SOUTHWEST PCT	70.3%
NORTH PCT	66.2%
WEST PCT	62.0%
EAST PCT	60.9%
Grand Total	65.8%

Table 4: CIT Staffing By Rank

	CIT Certified
POLICE SERGEANT	80.0%
POLICE OFFICER	73.6%
ACTING POLICE SERGEANT	57.1%
POLICE LIEUTENANT	42.9%
Grand Total	65.8%

B. Deployment

SPD will maintain its program of dispatching CI trained officers to incidents or calls involving individuals in crisis.

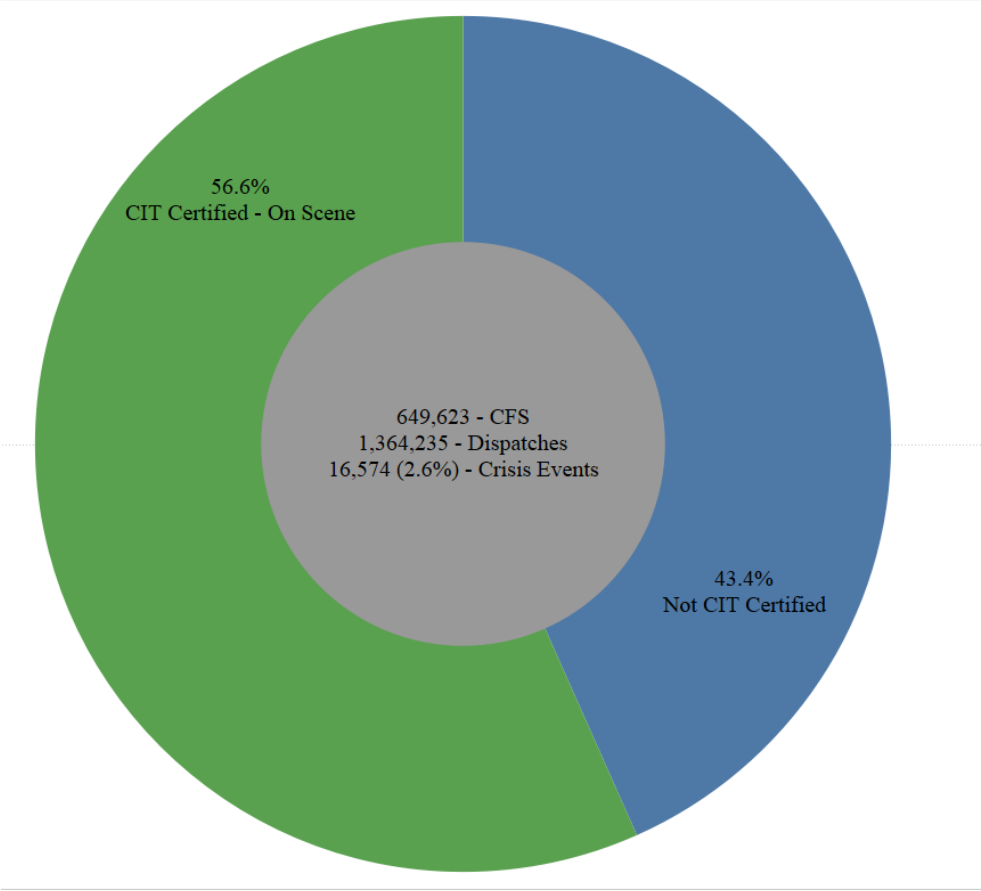
Consent Decree, ¶ 131.

CI trained officers will take the lead, when appropriate, in interacting with individuals in crisis. If a supervisor has assumed responsibility for the scene, the supervisor will seek the input of CI trained officers on strategies for resolving the crisis event where it is reasonable and practical to do so.

Consent Decree, ¶ 132.

Between January 2018 and June 30, 2019, the Department dispatched **1,364,235** officers to **649,623** total Calls for Service (CFS). Across these 649,623 calls for service, at least one CIT certified officer was on scene more than half the time (56.6%). *See* Figure 14.

Figure 14: Breakdown of Total Responses By Officer Certification



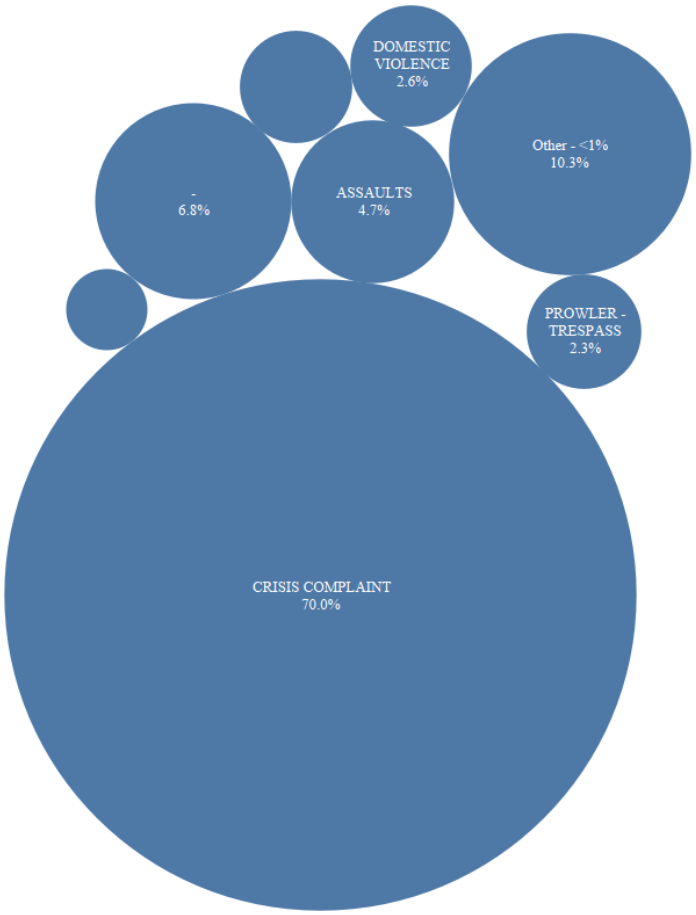
Of the 649,623 total calls for service during this study period, **16,574** (2.6%) resulted in the documentation of at least one crisis contact.[20] A CIT-certified officer was on-scene in 82% of these events.

Over 40% of all crisis contacts occurred during the Second Watch operational period.[21] A CIT-certified officer was on-scene 86.6% of the time. Just over 25% of all crisis contacts occurred on First Watch; of those, a CIT-certified officer was on-scene in 80.9% of the time. The remaining 33% of crisis contacts across the city occurred during the Third Watch shift, and a CIT officer was on-scene during 77.5% of those contacts.

[20] As Seattle's population grows, CFS have been trending up for several years. Observations of the crisis rate, controlling for inflation in call volume, suggest the observed effect in crisis contacts is not related to an overall increase in call volume.

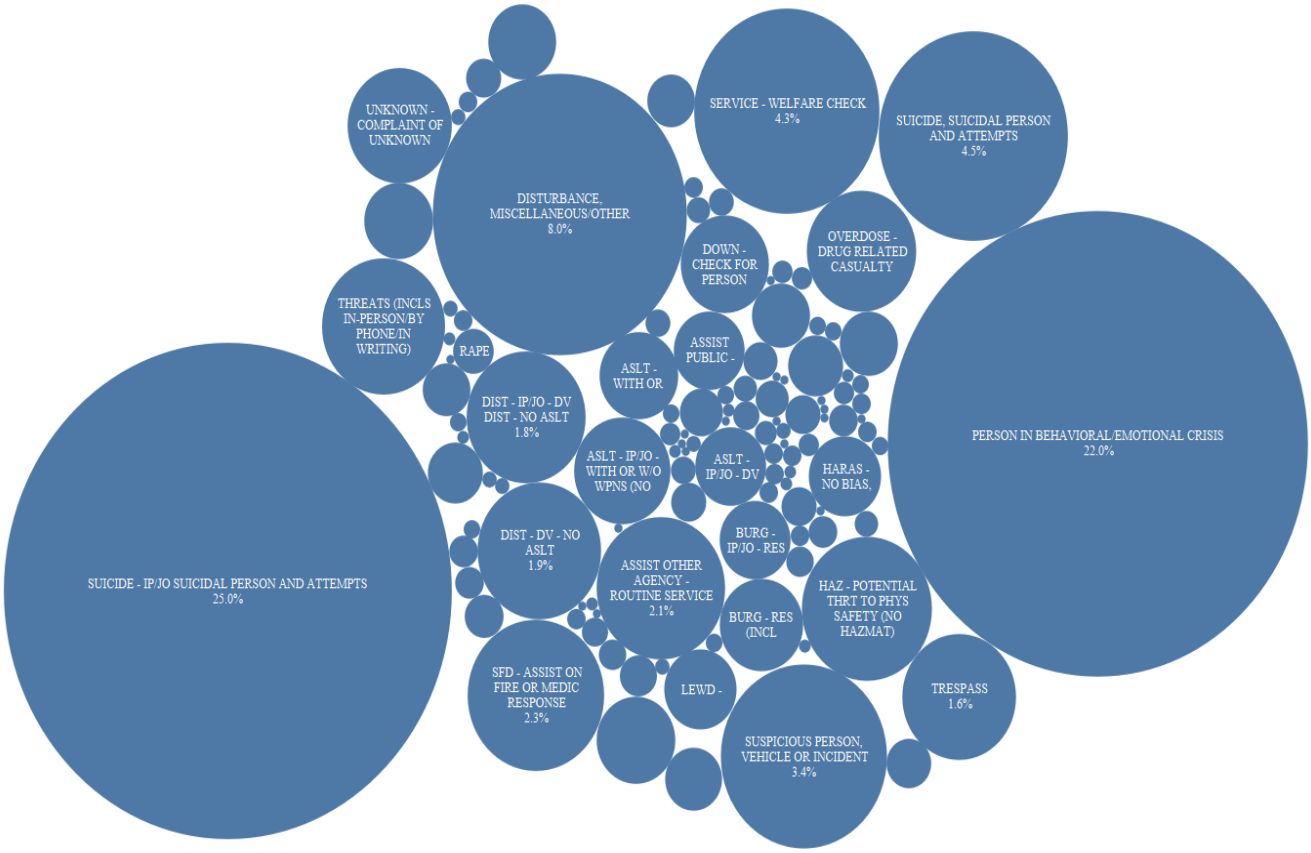
[21] The SPD operates a 24-hour schedule, with 6 overlapping (early and late) 9.5 hour shifts, organized into 3 "Watches." This is done to accommodate shift change and briefings. At any given time, at least one full watch (half of the previous and half of the next) are "in service" and available for calls.

Figure 16: Distribution of Crisis Responses by Final Call Type



When SPD's Communications Center receives a call related to a crisis incident, more than 50% (52.1%) of those calls during the study period were eventually closed as crisis or suicide-involved. Another 8.0% were closed as "DISTURBANCE …OTHER," and no other final types represented more than 4.5% of the calls. See Figure 16. As seen in Figure 17, below, most incoming calls involving crisis response during the study period were initially identified as "Person in Behavioral/ Emotional Crisis" (22%), "Suicidal Person" (25%), and "Disturbance, Misc." (8%).

Figure 17: Distribution of Initial Call Type Across Incidents Closed as Crisis Complaints



IV. Dispositions/Outcomes of Crisis Events

SPD will continue and expand its tracking of information regarding SPD's interactions with individuals in crisis and provide this data to SPD's current CI Team. SPD will consult with the CIC to determine what interactions result in data collection, and the types of information to be collected based on the level of interaction. Subject to the CIC's review and recommendations, and applicable law, SPD should gather and track the following data:

a) Date, time and location of the incident;
b) Subject's name, age, gender and address;
c) Whether the subject was armed, and the type of weapon;
d) Whether the subject is a U.S. military veteran[22];
e) Complainant's name and address;
f) Name and badge number of the officer on scene;
g) Whether a supervisor responded to the scene;
h) Techniques or equipment used;
i) Any injuries to officers, subject, or others;
j) Disposition; and
k) Brief narrative of the event (if not included in any other document).

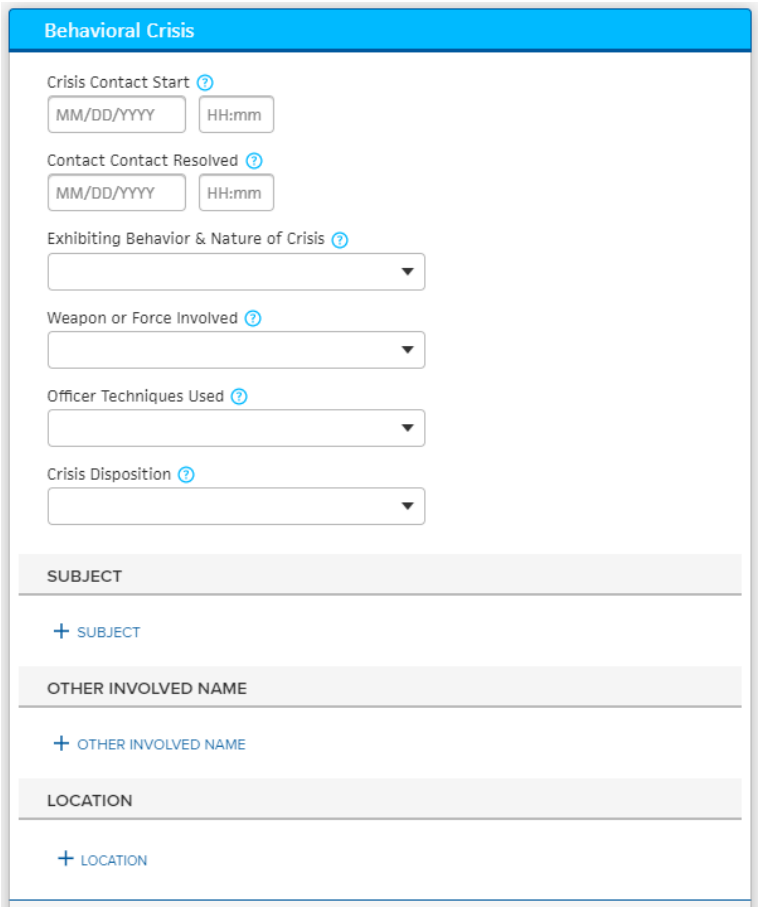
Consent Decree, ¶ 137

The data collected for this report show that SPD continues to comply with Paragraph 137. First, SPD Manual Section 16.110 requires that officers document all contacts with subjects who are in any type of behavior crisis with the above data, where available.[23] After an interaction with a community member who is in crisis, an officer must complete a behavioral crisis report answering questions about the subject's behavior, the outcome or "disposition" of the interaction, perceived demographic characteristics (where appropriate/possible), and other information. This documentation is now completed through SPD's new Mark43 Records Management System (NRMS), which is configured with a template designed to capture certain data in structured fields, as shown in Figure 18.

[22] The term "veteran" has since been changed in SPD's reporting format to "served in the military" at the request of the CIC, as some veterans do not identify as such. The "served in the military" data does not distinguish between the United States military or the military or that of another country.

[23] By law, complainants are not required to give their names, for example, nor are subjects unless arrested. Often, particularly in the case of emergent detentions, officers are not able to obtain subjects' names, age, gender, or address.

Figure 18: Disposition Options



Compliance with this requirement is audited, daily, by the Crisis Response Unit Supervisor, who reviews each template submitted for completeness and thoroughness; in addition, the Crisis Intervention Coordinator and Commander review significant incident reports (see SPD Manual Section 15.350) as they are issued to ensure that where there are indications of crisis incidents, a template has been submitted.

Across the 18-month study period, the most frequent disposition noted was "Emergent Detention / ITA" (30.3%) followed by "No Action Possible or Necessary" (18.3%), cumulatively accounting for more than half of all templates. In just 8.9% of cases the officer indicated the subject was arrested.

Comparisons of dispositions in for the entire year of 2018 compared with the entire year of, and over the first six months of 2019 compared with the first six months of 2018, are shown in Figure 19 and 20, respectively.

Figure 19: Total Disposition Distribution and Percent Change (2017-2018)

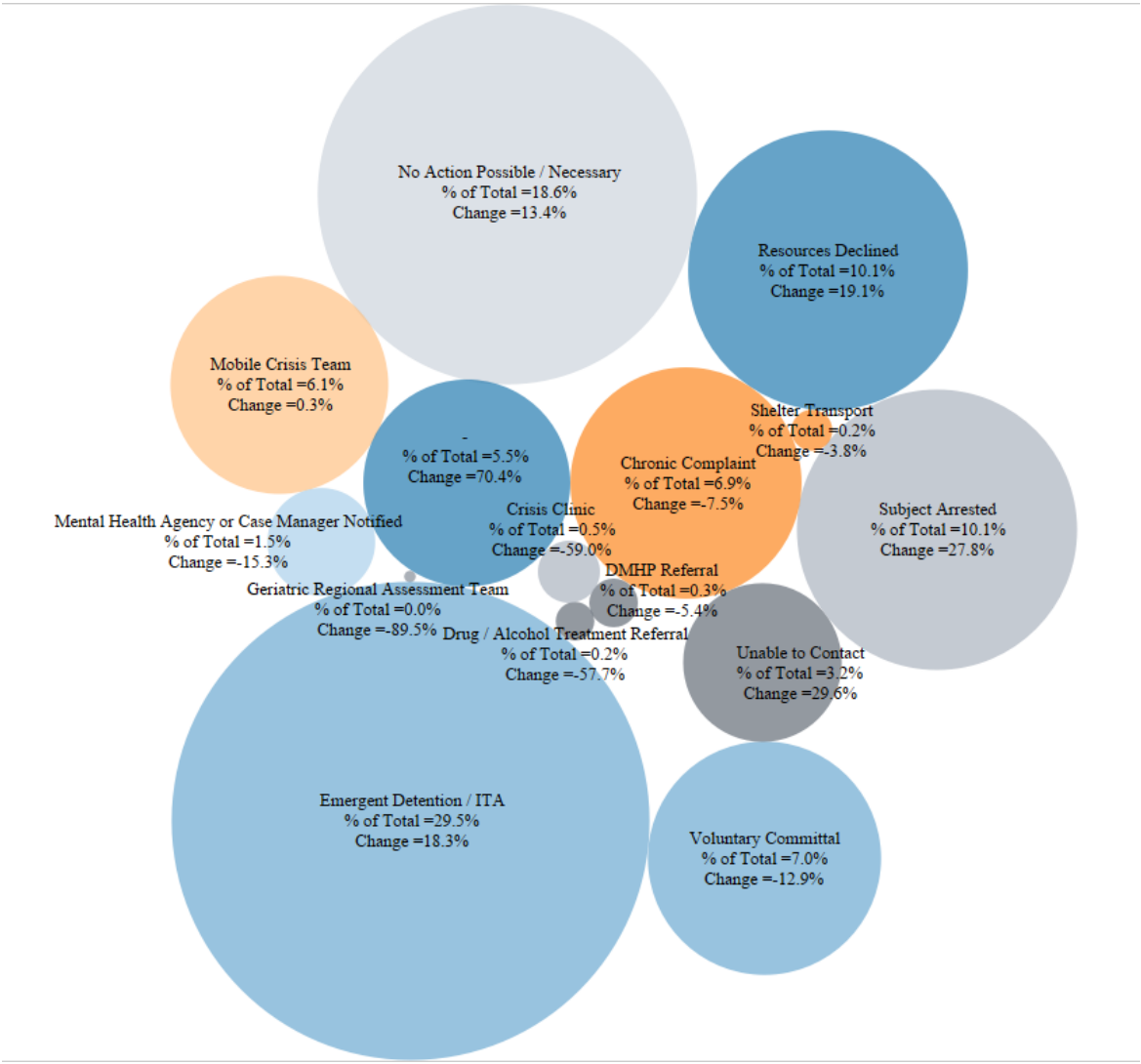
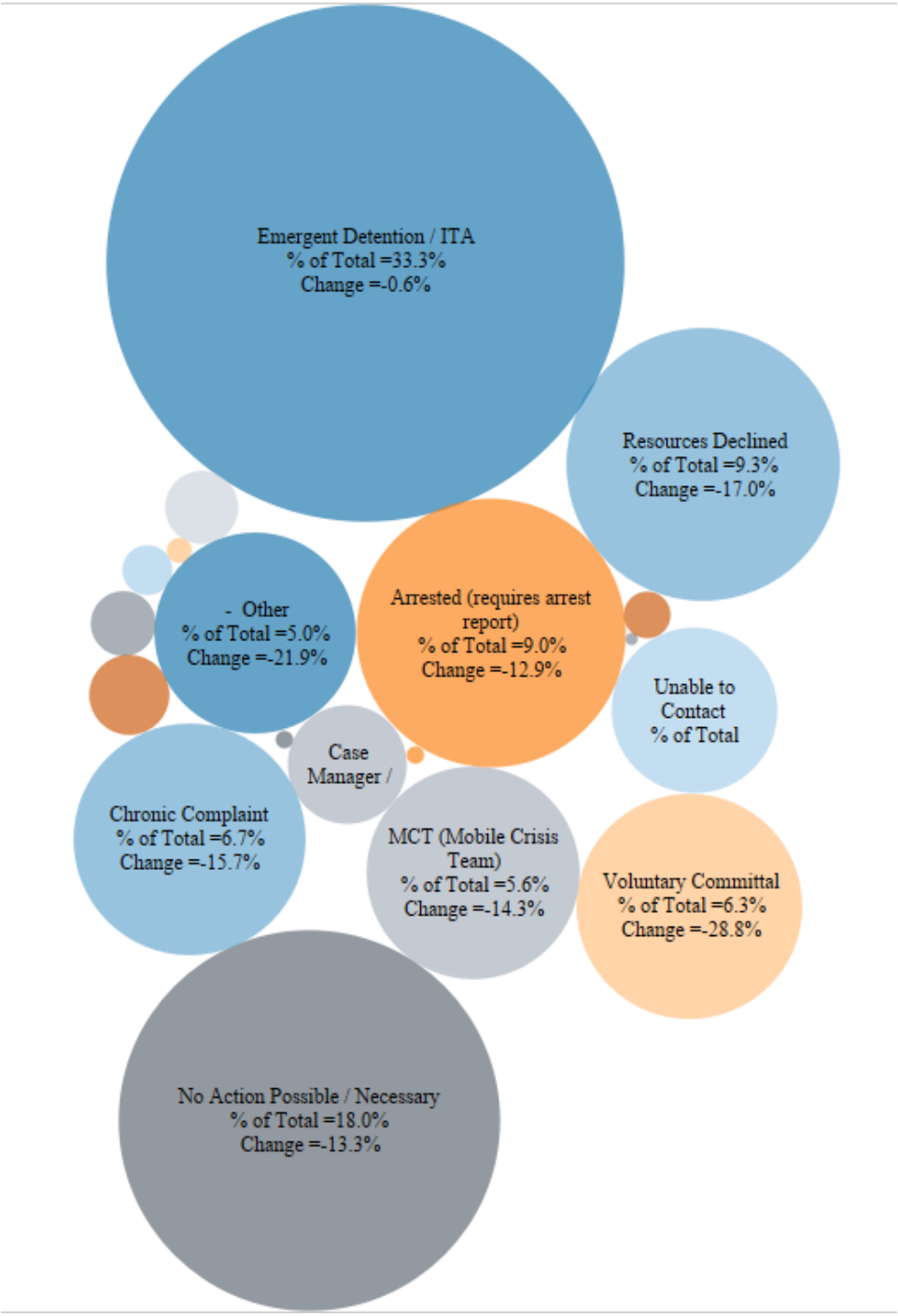


Figure 20: Total Disposition Distribution and Percent Change (Jan-June 2018 to Jan-June 2019)



Consistent with previous years, a full third of the total dispositions of crisis incidents during the first half of 2019 were Emergent Detentions. Although the number of incidents

was lower during the first six months of 2019 as compared with the first six months of 2018, overall dispositions of crisis incidents remained proportionately consistent. Between 2018 and 2019, dispositions of "Emergent Detentions…" and "No Action…" decreased by 0.6% and 13.3% respectively but remained approximately 30% and 18% of the total numbers of dispositions. The number of incidents with the disposition "Resources Declined" decreased 17% over that same period but remained consistently 10% of the total. Likewise, the disposition "Subject Arrested" accounted for the same 9% of all crisis incident dispositions as in 2018, despite a decrease of 12.9% in the number of incidents.

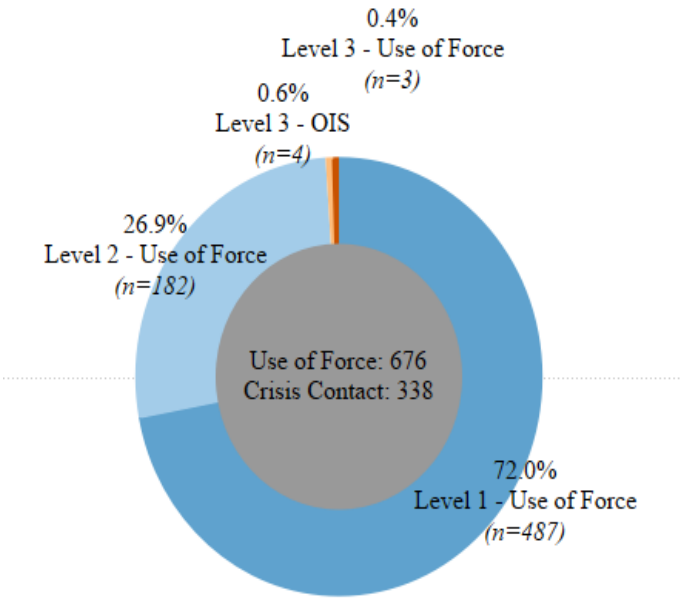
V. Use of Force

Of the 16,574 crisis contacts reported between January 1, 2018 and June 30, 2019, reportable force occurred in just 338 (2%) of all crisis contacts, comprising 676 total uses of force. The rate of force over the 18-month period remained relatively stable at 2% and did not support trend analysis.[24]

A breakdown of the 676 reported uses of force across these 338 incidents is shown in Figure 21.

[24] While reportable force occurred in just 2% of crisis contacts, crisis was reported in approximately 25% of all use of force.

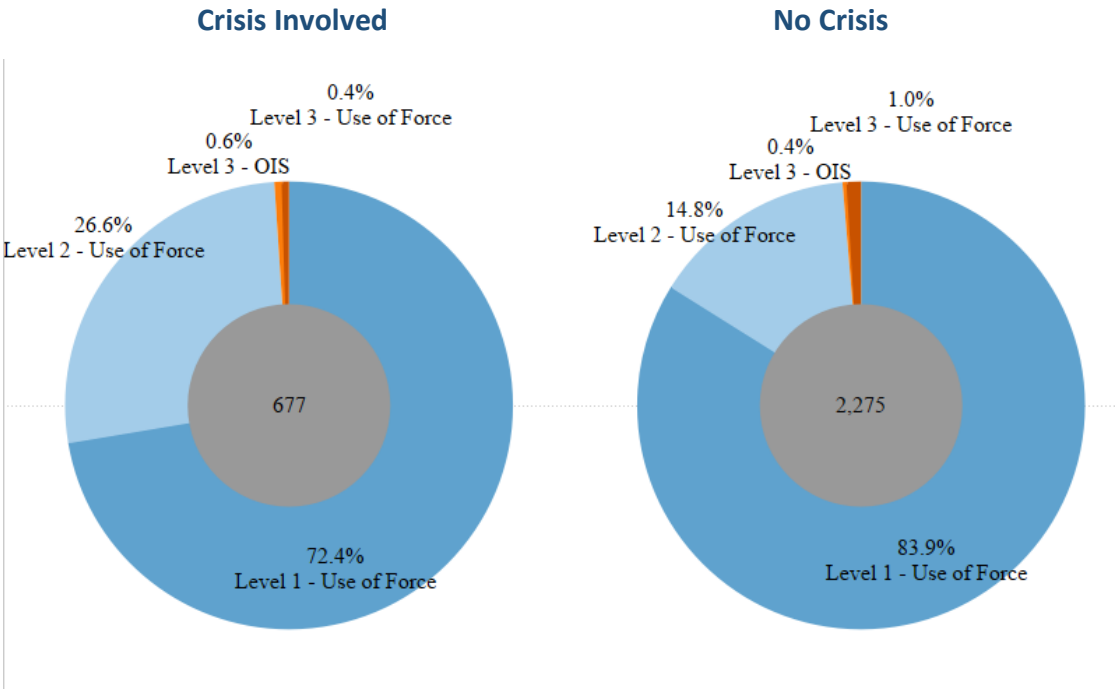
Figure 21: Force By Level Across Crisis Incidents



Similar to City-wide use of force distributions, 72% of force reported associated with a crisis contact was classified at the lowest level, Type I. Just seven uses of force (1%) were classified at the highest level, Type III, including four officer involved shootings.

Consistent with the previous report's study period (Jan 2017-Jun 2018), the data indicate that Type II uses of force make up a larger distribution of the type of force, compared with the SPD's Type II use of force in non-crisis incidents. In the current study period, Type II Use of Force accounts for 26.6% of all Use of Force when crisis is involved while Type II Use of Force accounts for just 14.8% of Use of Force when there is no crisis involved. *See* Figure 22.

Figure 22: Force by Type Across Crisis Incidents



SPD will continue to monitor Type II force in crisis incidents and, if warranted, explore further in its next report. The Monitor, in his Fifth Assessment, stated "There is not established number or clear national standard to use as a guidepost to determine if the number or rate of force incidents in crisis intervention incidents is reasonable. Indeed, to our knowledge, [at the time of his report] SPD is the only agency in the nation that is currently tracking this statistic with any level of detail." While SPD notes that Type II Uses of Force increased from 2017 to 2018, SPD did not find any indication that the Uses of Force were unlawful, unwarranted, or unreasonable. SPD will continue to monitor uses of force to determine whether this is an anomaly or a trend and may adjust its policies and training accordingly.

As shown in Table 6, little difference was observed between crisis-involved and non-crisis involved use of force and officer certification. In both cases, the observed certification rate for involved officers was 22%-23%. In the previous report, approximately 20% of involved officers were certified.

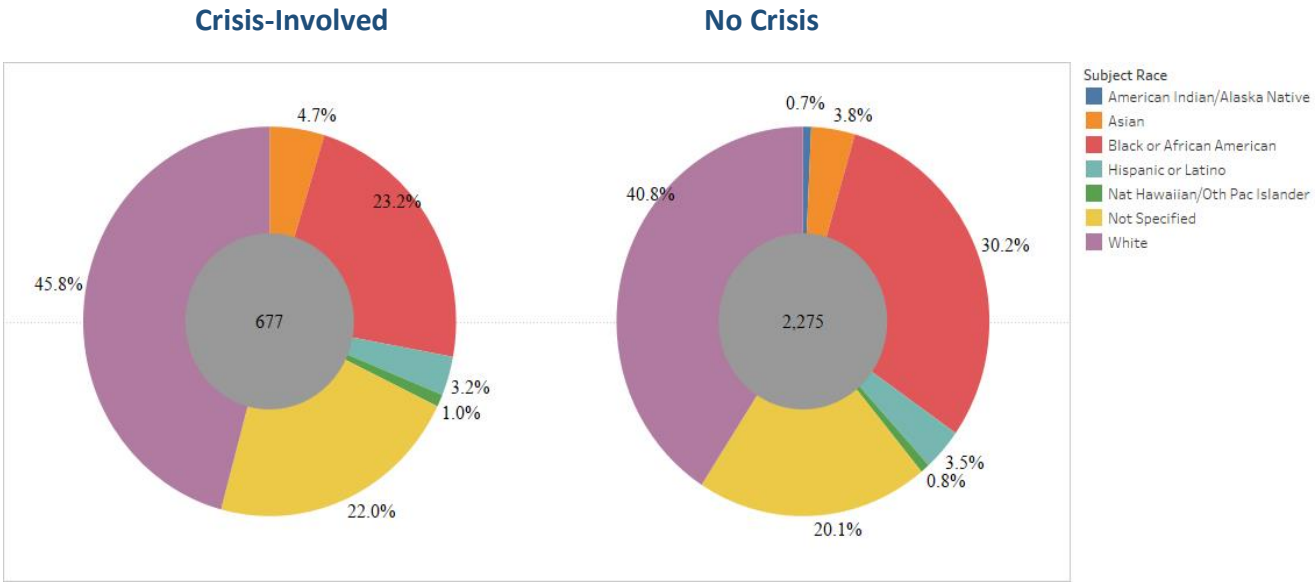
Table 6: Distribution of CIT-Certified/non-CIT-Certified Officers Using Force in Crisis/No Crisis Events

	Crisis Involved	No Crisis	Grand Total
Certified	23.3% *(406)*	76.7% *(1,333)*	100.0% *(1,739)*
Not Certified	22.3% *(271)*	77.7% *(942)*	100.0% *(1,213)*
Grand Total	22.9% *(677)*	77.1% *(2,275)*	100.0% *(2,952)*

Figure 24 shows a comparison of the demographics of subjects of use of force subjects[25] in crisis-involved and non-crisis incidents over the 18-month study period.

[25] Community members are not often required to be identified in a crisis contact. Given the large amount of unrecorded data, demographic details are not presented within the context of all crisis contacts but as a representation of subjects of Use of Force, instead.

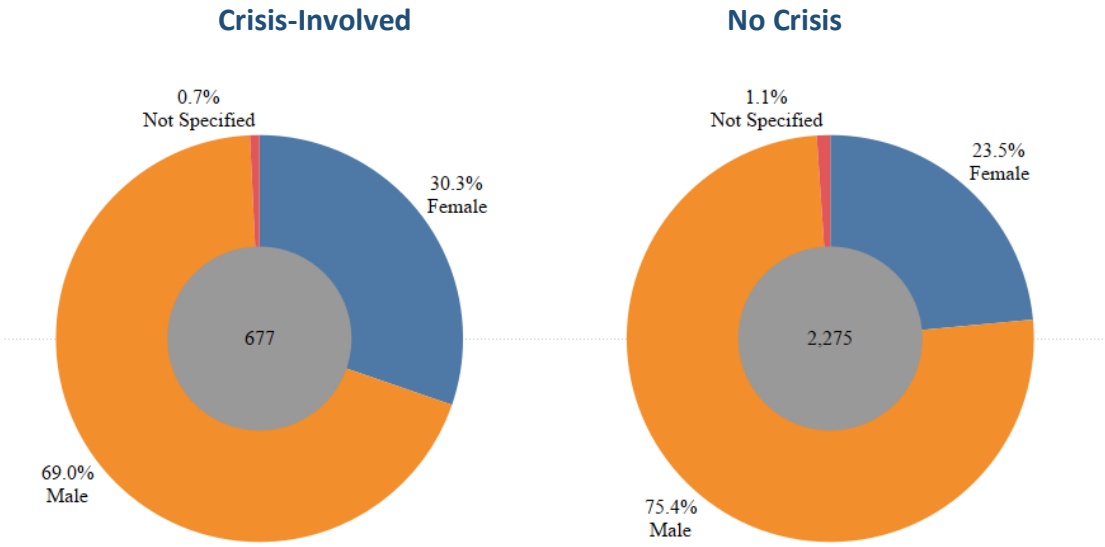
Figure 24: Subject Demographics



In both comparison groups (crisis-involved and non-crisis incidents), subjects identified as "White" make up the largest portion of both distributions (45.8% and 40.8% respectively) and are marginally overrepresented in crisis-involved incidents. Conversely, subjects identifying as "Black or African American" were slightly underrepresented (23.2% and 30.2%). In both groups, approximately 20% were listed as race, "Not Specified." These over- and under-representations, although slight, may be a fruitful topic for future study.

The distribution of gender, shown in Figure 25, shows female subjects were slightly overrepresented in crisis-involved incidents compared with non-crisis involved incidents (30.3% and 23.5%). Between 69% and 75.4% of all uses of force, regardless of whether the incident involved a crisis complaint, involved a subject identified as male.

Figure 25: Subject Gender



VI. Drug Use and Crisis Events

As noted in our Crisis Intervention Program Report from October 2018, data from both the Seattle Fire Department and the King County Medical Examiner showed a rising trend in the number of incidents involving the use of methamphetamine – a category of narcotic known to cause violent and erratic behavior. Other departments around the country are likewise reporting, anecdotally, an increase in the intensity of crisis incidents that they suspect to be linked to the rise in methamphetamine. Within SPD, qualitative readings of select crisis contacts, interviews with Crisis Response Unit (CRU) staff, and quantitative observations of Type II force occurring with a crisis contact further suggested a possible relationship between drug use and people experiencing behavioral crisis in the community.

To answer this question, SPD proposed analyzing its own crisis data with data related to drug use. Direct measurements of drug use are not feasible. SPD obtained data related on overdose deaths from King County Public Health (KCPH) as proxy for illicit drug use. KCPH is the agency responsible for maintaining such data in King County.[26] KCPH volunteered to share their data with SPD, which included county-wide overdose deaths between June 1, 2015 and December 31, 2018. These data consisted of monthly counts of overdose deaths where heroin, prescription opiates, fentanyl, methamphetamine, cocaine and benzodiazepines contributed to the cause of death. King County Public Health shares their data on the King County Fatal Overdose Dashboard.

SPD utilized its monthly counts of behavioral crisis events, including counts of reportable uses of force[27] from the DAP, for the same time frame. SPD hypothesized that:

> *Drug use, specifically methamphetamine, is responsible for the observed increase in crisis contact reporting, specifically those events resulting in a reportable use of force.*

[26]Per the King County Public Health Medical Examiner's Office: "The mission of the King County Medical Examiner's Office (KCMEO) is to investigate sudden, unexpected and unnatural deaths in King County with the highest level of professionalism, compassion and efficiency, and to provide a resource for improving the health and safety of the community consistent with the general mission of Public Health." www.kingcounty.gov/depts/health/examiner/role.aspx

[27] A logical association was created through the underlying common report ID and the month and year of both the BCC report and the use of force report. Currently, technical limitations of siloed data collection systems do not allow for a native relationship or linking between use of force and crisis data. The DAP team is currently exploring an enhancement that combined probabilistic matching (rather than strict character to character) and logical join elements to increase confidence in the crisis to use of force conversion rate.

With data that is conceivably linked, for example, drug use is often an attempt to self-medicate and can result in an acute crisis condition, SPD tested its hypothesis using time series analysis methods.

SPD analyzed the relationship between all crisis reporting and county-wide overdose deaths, across all precincts and drug types. We discovered, while an apparent relationship exists between drug overdose deaths (specifically methamphetamine and prescription opiates) and crisis reporting in the East Precinct and at the citywide level, the relationship is weak. The relatively poor fit of this model is likely due to the use of county-wide overdose death data and the relatively low frequency of those occurrences (compared to crisis contact reporting). None of the other precincts demonstrated any direct relationship between drug overdose deaths and crisis contact reporting. Rather, SPD noticed that overdose deaths and decreases in crisis contacts occurred concurrently.

Our analysis, available upon request, suggests that for every death where prescription opiates are listed in the cause of death, a decrease of 7.5 crisis contacts, citywide, can be observed during the same month (i.e. *at lag zero*). Additionally, for every methamphetamine overdose death, East Precinct officers reported 1.18 [28] fewer crisis contacts, in the same month.

This is the first of many approaches the Department will undertake to better understand the increase in crisis incidents. While SPD was unable to find a clear and satisfying result to the question, SPD does believe that this negative result is still valuable. In the future, we will attempt to find better proxy measures of drug use and explore new methods of analysis. In doing so, SPD hopes to build upon relationships forged with King County Public Health and other partners in the public health/ public safety realm.

VII. Conclusion and Next Steps

> ***SPD will review the outcome data generated through the process described [in paragraph 136], and may use the data for developing case studies for roll call and CI training, recognizing and highlighting successful individual officer performance, developing new response***

[28] One statistical model, Ljung-Box Q, suggests that this East Precinct analysis is on the borderline for demonstrating a statistical link between methamphetamine and crisis contacts (Ljung-Box Q = .047). This statistic, intended to confirm the random nature of the time series prepared for modeling, compares the series to random data. Where a significant difference can be observed ($p < .05$), the time series is significantly different from random noise and may not be suitable for forecast modeling.

> ***strategies for repeat calls for service, identifying training needs for the annual in-service CI training, making CI training curriculum changes, or identifying systemic issues that impeded SPD's ability to provide an appropriate response to a behavioral crisis event.***

Consent Decree, ¶ 137

The Seattle Police Department, through the data collected in these outcome reports, recognizes the significant increase in resources dedicated to responding to individuals in crisis. SPD also recognizes that, while officers are trained and equipped to respond to crisis incidents and individuals in crisis, most police officers are not experts in addressing the needs of those suffering from crisis events. As part of the 2020 budget proposal, SPD is seeking to add four additional mental health professionals to its staff, allowing for one mental health professional per precinct. If funded, these four additional mental health professionals will work directly with the Seattle Police Department Crisis Response Unit (CRU). The CRU works to connect individuals in crisis to resources to help address their physical and mental health needs and divert them from the criminal justice system. The addition of four MHPs will greatly expand the Department's ability to work with community members before they reach acute stages of behavioral crisis.

The data analytics platform (DAP) continues to be utilized by the Crisis Intervention Team Coordinator (CIT coordinator) to implement and sustain the SPD Crisis Intervention Program on a weekly basis. The CIT coordinator utilizes the information to identify trends, volume, emerging high utilizers of police services (often undiagnosed / underserved mental health resource consumers), etc. The CIT Coordinator utilizes this information to inform the community service providers / Behavioral Health Organization (BHO) who are responsible for providing care and funding for this vulnerable population. Through the DAP, the CIT coordinator can articulate gaps in the emergency mental health care system from anecdotal stories to data-based accounting of what SPD is encountering in the field. This ability has proven invaluable in allowing SPD to drive meaningful discussions with the Crisis Intervention Committee around SPD policies, practices, and strengthening relationships with community care partners.

The DAP also informs the work of the CRU while performing their function of creating response plans for those disproportionate utilizers of SPD services. The DAP allows for almost 'real time' analysis on the effectiveness of the plan which was created and disseminated. Additionally, the high-utilizer dashboard displays information which assists the CRU in identifying cyclical crisis patterns.

This capacity demonstrates that not only is the Department in continuing compliance with paragraph 137 of the Consent Decree, but it is analyzing, and leveraging, its data in increasingly sophisticated and innovative ways.

On May 7, 2019, the Department successfully transitioned from its previous records management system to Mark43, a new model for capturing more complete and consistent data around its community contacts. This system includes more granular data elements than the previous system. In addition, SPD reengineered the system to continue to feed these data to the DAP. Efforts are currently underway to integrate case management, alert, and response plan maintenance in the system and to develop methods (business process and data analysis) to identify and manage the population of high utilizers identified by CRU in an effort to assure consistent service to this population.